Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

		01 01010										
CLAIMS AS FILED - (Column					•			SMALL ENTITY TYPE				R THAN ENTITY
TOTAL CLAIMS			7	7				RATE	FEE	\neg	RATE	FEE
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FEI	385.0	0 OF	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			17,	minus 20=		•		X\$ 9=		OF	X\$18=	
INDEPENDENT CLAIMS				minus 3 =		•		X43=			Voc	
М	ULTIPLE DEPE	ENDENT CLAIM	PRESENT	RESENT			-			OR		-
* If the difference in column 1 is less				s than zero, enter "0		" in column 2		+145=	3(0/	OR	L	<u> </u>
				MENDED - PART II				TOTAL	afr	OR		
_		(Column 1)		(Colum		(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	ENTATION OF M	Minus	***	01.444	-		X43=		OR	X86=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDE				CLAIM			145=		OR	+290=	
	,						<u> </u>	TOTAL		4~1		
						•	ADI	DIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colum	n 2)	(Column 3)						
		I CLAIMS	T	HIGHE		(Colonin 3)	_					
8		REMAINING		NUMBI	-	PRESENT		i	ADDI-	1 1		ADDI-
닐		AFTER	1	PREVIOL	JSLY	EXTRA	F	RATE	TIONAL	1 1	RATE	TIONAL
		AMENDMENT	<u> </u>	PAID F	OR				FEE	jį		FEE
AMENDMENT B	Total	*	Minus	**	•	= ·	>	(\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	,	(43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=		1_1	+290=	
							Ľ			JOH [+290=	•
								TOTAL		OR ,	TOTAL	
				•		•	ADD	IT. FEE L		J • · · A	DDIT: FEEL	
		(Column 1)		(Column		(Column 3)	• .			٠.		
ב		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	R		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
<u>کے</u> ا	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=	
5 L	Independent	*	Minus	***		=	T _x	43=			X86=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	700-	
• 14 4	the enter in anti-					•	+1	45=		OR	+290=	·
H	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OF										TOTAL DOIT, FEE	
Tr	ne "Highest Numl	ber Previously Paid	For (Total or	o opace is le Independent)	is the h	ು, enter "3." nighest number f			priate box			